

Application No. S.10.310<sup>(a)</sup>



~~OFFICER~~  
A.F. 97.

# ARMY PAY CORPS. Dependents' Allowance Branch.

## PAYMENTS RECORD.

Claim No. Rg. U. 17818

Name Mrs. Alice O'Byrne

Address 7 Manor Cottages  
Mountmellick

If Wife Dependent,  
Children (if any)  
Names and Date of Birth

Cert.  
inspected

Soldier's Name	No.	Rank	Unit	Station or Subsequent Stations
<u>O'Byrne Terence</u>		<u>Capt</u>		

Amount due at (Date)..... Dependents Mother

£.....  
*Deceased. See letter attached*

Remarks	Date	Paying Order or Cheque No.	Amount			Date of Clearance or on Account	Date	Paying Order or Cheque No.	Amount			Date of Clearance or on Account	Remarks
			£	s.	d.				£	s.	d.		
	<u>30 MAY 1923</u>	<u># 01211</u>	<u>10</u>	.	.			<u>Bt. forward</u>					
	<u>1-6-23</u>	<u>42066</u>	<u>1</u>	<u>18</u>	.	<u>clear to 26/5/23</u>							
	<u>9 JUL 1923</u>	<u>55197</u>	.	<u>14</u>	.	<u>Clear</u>							
	<u>23 JUL 1923</u>	<u>62664</u>	=	<u>14</u>	=	"							
	<u>7 JUL 1923</u>	<u>8.13408</u>	-	<u>14</u>	-	"							
	<u>21 JUL 1923</u>	<u>" 35832</u>	=	<u>14</u>	=	"							
	<u>15 AUG 1923</u>	<u>" 53005</u>	=	<u>14</u>	=	"							
	<u>18 AUG 1923</u>	<u>088715</u>	=	<u>14</u>	=	"							
	<u>15 SEP 1923</u>	<u>6013165</u>	=	<u>14</u>	=	"							
	<u>10 SEP 1923</u>	<u>033195</u>		<u>14</u>		"							
	<u>20 SEP 1923</u>	<u>074509</u>	=	<u>14</u>	=	"							
		<u>Carried forward</u>											





6. 48.  
27/2/23.

X

### Dependents' Allowance.

#### TO CLAIM INVESTIGATOR.

The following particulars are an abstract of the Statement of Claim in respect of Application No. S/ 10310 (14) Army No.....

Name O'Byrne Terence

Rank Capt Unit \_\_\_\_\_ Station \_\_\_\_\_

Home Address 7 Manor Cottage  
Mountmellick

RECEIVED IN CLAIMS INVESTIGATION BRANCH  
7 - FEB. 1923

#### PARTICULARS OF DEPENDENTS.

Name Miss Alice O'Byrne Relationship Mother

Wholly or partially Dependent.....

Is Father alive. Yes Age..... If working (wages).....

Special circumstances in Case (if any).....

Inspector's Report.....

Investigator's decision and (if favourable).....

Authorization to Pay 7/26 Yes

PASSED FOR PAYMENT  
RETURNED TO ARMY  
PAY CORPS  
27 MAR 1923

Signature Seamus O'Sullivan





### Abstract from Attestation Form.

APPLICATION NO. *S/10310 (u)* CLAIM NO. ....

Army No. .... Rank *Capt* Name (Surname *O'Byrne* first *Terence*)

Unit or Dept. .... Station .....

Age ..... Occupation ..... Religion .....

Married or Single ..... Birth Place .....

Home Address *7 Manor Cottages Mountmellick*

Previous Service. .... Rank ..... Coy ..... Batt. .... Bde .....

If Married, name of Wife .....

Home Address .....

Name and ages of children under 14 years.	{	1. ....	4. ....
		2. ....	5. ....
		3. ....	6. ....

If Single, name and relationship of Dependent *Mrs Alice Byrne*

Address *as above*

Period for which enrolled. .... Date of Attestation *Sept. 22*

Rank at Attestation. .... Unit .....

Subsequent Units (if any) .....

Rate of Allowances at Attestation. .... Personal ..... per day.

Particulars of other pay and allowances. ....

Abstract taken by ..... Date .....



SPECIAL

DECEASED.

A.F. 25.

Application No.

S/10310 (u)



Claim No.

Declaration to be made by a Claimant for Dependents' Allowance in respect of an Unmarried Soldier and forwarded to Asst. Chief Pay Officer, Portobello Barracks, Dublin.

Unless this form is duly completed in respect of each Claimant, each month, no issue of the allowance will be made.

The Claimant must in every case get the Certificate at the bottom of the Form completed by the local Clergyman or Doctor, Approved Society, Trade or Friendly Society Secretary.

I declare I am the (Relationship) mother

of Name Lerence G Byrne Army No.

Rank Captain Unit Infantry

At present stationed at

and I claim Dependent's Allowance for the month of from the month of September

on the grounds that I am Solely dependent upon him. He contributed the

sum of thirty Shillings Shillings per week to me before enrolling.

My husband is (state whether alive or dead) alive

(if alive) and earns unable to work shillings per week.

The other members of my family are:—

Name	Age	Earning per week	Amt. of support given
<u>Andy</u>	<u>16</u>		
<u>Christie</u>	<u>14</u>		
<u>James</u>	<u>12</u>		
<u>Jack</u>	<u>10</u>		
<u>Lily</u>	<u>7</u>		

RECEIVED  
31 JAN 1923

Signature of Claimant Mrs Alice Byrne

Full Address of Claimant No 7 Mans Cottage  
Mount-Mellick

Certificate to be signed by the local Clergyman or Doctor, Approved Society, Trade or Friendly Society Secretary.

I certify that I have this day seen the Claimant referred to above. I believe the above declaration by the Claimant to be correct in every particular.

Signature M. J. O'Brien

Profession M. D.

Address 40 Moore St Mountmellick

Date 29<sup>th</sup> January 23

NOTE.—Casualties occurring after the rendering of this form, and before the end of the month to which the form relates, should be immediately reported to the Asst. Chief Pay Officer, Portobello Barracks, Dublin.

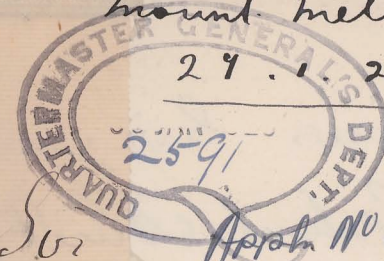


Military Archives



Military Service Pensions Collection

No 9 Inman's Cottage  
Mount Mellish Lane



29.1.23

2591

102 April No 5/10310 (a)

I am returning the form  
Belonging to the deceased  
baptian J O Byrne & I would  
be glad if you gave me  
the Balance of the separation  
allowance of my three  
other sons as there is two  
of them 11 months serving  
and the third is 9 months



I remain Sir yours  
Obectant. Alice Byrne

a. Past- you already know  
that- I am solely depending  
on those Boys since my  
eldest- son was killed  
Hoping that- you will soon  
send me some help if not-  
I will have to keep back my  
children from school as  
the Price of the Books is  
very high my next-son is  
16 years of age & wants  
to go away to Sea- again they  
are all crying for vengeance  
against- the man that-  
killed their Brother



CI. 1.

Application No. 110310



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ARMY DEPENDENTS' CLAIMS.

INVESTIGATION BRANCH.

Form of inquiry to be filled by Officer making investigation. To be used only in case of Single men with Dependents.

Army No. Unit Rank Name Byrne, Terence

Home Address 7 Manor Cottage, Mountmellick, Leix.

Name and Address of Dependent named in Application Mrs A. Byrne

Relationship Mother

Whether Total or Partial Dependence Claimed Total

If Father living Yes Name Watt Byrne Earnings Nil (Invalid)

If any other members of family live at home, give particulars as follows :-

Name.	Earnings per Week.	Amount of Weekly contribution to upkeep of home.	Estimated Cost of Board.
Chrissie Byrne <sup>age</sup> 14	nil	nil	8/- per week
James Byrne 12	nil	nil	7/- "
John Byrne 10	nil	nil	7/- "
Lillie Byrne 7	nil	nil	6/- "

Occupation of Soldier before Enlistment British Soldier until 1919 - subsequently interned in the Curragh Camp December 1921 and engaged in volunteer work up to enlistment.

Was he in regular employment? Yes. As British Soldier (sergeant) Amount of Wages Not known Verified? No

Amount contributed to home before Enlistment British Dependants Allowance about 8/- per week Estimated cost of Board None given

Any other members of family in Army? Yes If so, give names and units. Henry Byrne 4874 Lein Rgt  
Martin Byrne 3/8.33. (also 4873 Lein Rgt)  
Joseph Byrns 5062 Lein Rgt  
Andrew Byrns. Not known - recent recruit

Have claims for Dependents' Allowance been made in respect of any other such members of the Family who are Soldiers? Yes for all soldier sons.

Is any Dependence whatever established in this case? Yes - slight dependence

If so, is it full or partial? Partial \* If partial, can any indication be given as to the extent Owing to the fact that this soldier was not employed subsequent to being demobilized from the British Army I am of opinion that the dependence if any is very small.

Signed by Officer making inquiry J. Byrne  
Dated 10 March 1923

NOTE.—The Maximum Allowance in the case of an unmarried Soldier is 4s. a day or 28s. a week.

\* The Investigating Officer is only required to answer this question when he is in possession of any special local information which would affect the degree of dependency.